PATENT	APPLICATION	SERIAL	NO.	
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

03/13/1998 BBUTLER 00000076 09038717 01 FC:101 790.00 0P

GRAHAM & JAMES LLP 885 Third Avenue, 24th Floor New York, New York 10022 34 Telephone (212) 848-100

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_			Date:	Jan. 28, 1998		
	stant Commissioner for Paten ington, D.C. 20231	ts				
	sed herewith for filing are nt application of:	the specificati	on, claims and	abstract of the		
Inve	ntor(s): [List all names] MICHIO KADOTA		"EXPRESS MAIL" mailing is Date of Deposit hereby certify that this pap being deposited with the Un	er or fee is ted States Postal		
For:	SURFACE ACOUSTIC WAVE DEVICE		Service "Express Mail Post Addressee" service under 3 date indicated above and is Commissioner of Patents, V	7 CFR 1.10 on the addressed to the Assistant		
×	Also enclosed are:			Lena Churg		
х	Executed declaration or oat	h.		0		
X.	6 sheet of drawings. (2	sets)				
X.	A Recordation Form Cover Sh	eet and an assig	nment of the i	nvention.		
	A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.					
	Our check in the amount of	\$790.00 is end	losed to cover	·:		
¥	the filing fee of _\$79					
Ö Ö	the fee of \$130.00 for English language speci	processing an afication;	pplication fil	ed with a non-		
ā	1 1		Rule 98;			
	Preliminary Amendment; Other:	and				
The	filing fee has been calculat	ed as shown in t	the attachment.			
区 fol:	The benefit of priority undowing foreign application(s)		hereby claime	ed from the		
	Japanese Patent Application 9-	-025001 filed Februa	ry 7, 1997			
ofoll	The benefit of priority undo		hereby claim	ed from the		
to c	The Commissioner is hereby c filing fee associated withour deposit Account No. 07-18 cosed.	n this communicat	tion under 37	CFR §1.16(a) only		
	<u>not</u> charge our Deposit Accoun endent claims and/or excess o		iency in any f	ee for multiple		
	Re	espectfully Subm	itted,			
•	By: G	RAHAM & JAMES LL	M			
	Per: _	JESSE D. REINGOLD				

Reg. No. 20,461

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Patent Office Fees (Not PCT)

SMALL ENTITY

FOR:	NUMBER FILED	NUMBER EXTRA	RATE	<u>FEE</u>
Basic Fee	-	-	-	\$ 395.00
Total Claims	-20 =		x 11 =	
Indep. Claims	- 3 =		X 41 =	
			TOTAL	\$

OTHER THAN A SMALL ENTITY

FOR:	NUMBER FILED	NUMBER EXTRA	RATE	<u>FEE</u>
Basic Fee	-	-	-	\$790.00
Total Claims 9	-20 =		X 22 =	
Indep. Claims	1 - 3 =		x 82 =	
			TOTAT	\$ 790.00

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